

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 11/07	Number: B-15.2 Page 1 of 8
	Revised: 11/07	
	Replaces: Pharmacy 55-05 & Infection Control 14.32	
	Formulated: 8/97	
HEAT STRESS		

POLICY: To establish guidelines for preventing and monitoring heat stress illness.

DISCUSSION:

It is the **responsibility of the facility medical staff** to provide guidelines to assist the facility administration in the determination of safe and healthful work conditions. Every reasonable effort shall be made in the interest of preventing heat-related injuries in the workplace. Problems of heat stress are more common than those prevented by very cold environments. Heat stress is best prevented by acclimatizing staff and offenders to working under hot and humid climate conditions, assuring adequate fluid intake and, to a lesser extent, assuring adequate salt intake. Proper treatment of heat stress should begin at the work site, but severe heat stress is a medical emergency which must be treated in a medical facility. **Salt tablets should not be used in the treatment or prevention of heat stress.**

DEFINITIONS:

- I. **Heat Cramps:** usually develop following strenuous exercise, in muscles that have been subjected to extensive work. The pain is brief, intermittent and crampy, and may be quite severe. Heat cramps usually occur after several hours of work, and may occur even at low ambient temperatures. The cause is inadequate replacement of electrolytes (sodium and potassium). **Treatment** consists of rest in a cool place and replacement of fluids and electrolytes, by drinking cool, caffeine-free fluids and eating a meal. **Prevention** is accomplished by ample fluid intake during and after work, and salting of food during meals if not medically contraindicated. Use of electrolyte replacement drinks or lightly salted fruit drinks at the work site may also be beneficial.

- II. **Heat Exhaustion (Heat Prostration):** the most common form of heat stress, caused by depletion of water and salt. Symptoms include weakness, anxiety, fatigue, thirst, dizziness, headache, nausea and urge to defecate. Signs include profuse perspiration, rapid pulse, incoordination and confusion. Heat prostration may lead to **heat syncope**, a sudden onset of collapse that is usually of brief duration. During heat syncope the patient appears ashen gray and skin is cool and clammy. Failure to treat heat exhaustion may result in progression to heat stroke. Risk factors include failure to maintain adequate fluid intake during exertion, and taking diuretics. **Treatment** is to remove the person to a cool area, having them lie down, remove shirt and shoes, begin oral rehydration. Some cases may require

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intravenous fluid replacement. **Prevention** is accomplished by ample fluid intake during work, proper work-rest cycles, and salting of food during meals if not medically contraindicated.

- III. **Heat Stroke:** is a medical emergency. While it may be preceded by signs of heat exhaustion, the onset is often sudden. In heat stroke the body has lost its ability to dissipate heat and maintain a normal body temperature. Body temperature is often elevated over 106° F. Exertional heat stroke occurs in young, healthy people who maintain inadequate fluid intake during exertion. Signs include headache, chills, gooseflesh, weakness, incoordination, nausea and vomiting, progressing to unconsciousness. Classical heat stroke is seen in the elderly, those with predisposing medical conditions such as congestive heart failure, diabetes and alcoholism, and those on medications which cause fluid depletion, interfere with sweating or interfere with the body's thermoregulatory system. Classical heat stroke has few premonitory signs. Collapse may be among the first symptoms. Skin is hot and dry, and pulse is rapid and weak. Shock and death may occur in either type of heat stroke. **Treatment** is a medical emergency. The patient must be removed to a cool, air-conditioned place, stripped and cooled rapidly using a water spray and cooling fans. **Prevention** includes ample fluid intake during work, proper work-rest cycles, excluding people at high risk from working under conditions of extreme heat and humidity, and maintaining adequate indoor conditions, such as access to cool fluids and use of cooling fans, for persons at increased risk for heat stroke.
- IV. **Anhidrotics** are drugs that inhibit perspiration.
- V. **Poikilothermics** are drugs that disrupt the body's normal temperature regulating mechanisms.
- VI. **Potentiators** are drugs which potentiate the effects of anhidrotics or poikilothermics.

PROCEDURES:

- I. Whenever the temperature is 85° F or higher, the Warden (or designee) will use the Heat and Humidity Index (Table 1) to **determine safe hot weather working conditions**. Prior to exposing workers to extremely hot working conditions, the Warden or designee should consult with medical staff to evaluate the hazard of the effective temperature.

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- II. **Acclimatization.** Offenders newly assigned to jobs which require strenuous work under conditions with an apparent air temperature of 90° F or greater (see Table 1) must be acclimatized before assuming a full workload. They should work no more than 3-4 hours at a time, separated by at least one hour rest in a cooler environment for the first week. After the first week, they may assume a normal work schedule. Acclimatization can be lost in as little as two weeks, so anybody who has been away from a hot work environment for more than two weeks should be reacclimatized. Acclimatization is not necessary for persons assigned to the same job when temperatures vary with seasonal changes.
- III. **Fluid Intake.** Offenders and staff working at apparent air temperatures over 90° F should maintain an intake of at least 16 oz of fluids per hour of work. Under extreme conditions, work should be interrupted every 15 - 20 minutes and offenders instructed to drink fluids even if they are not thirsty. Drinking water will always be available to workers in hot weather conditions.
- IV. **Work-rest Cycle.** Whenever the apparent temperature (see Table 1) is 90 - 95° F, a 5-minute rest break should be given every hour. If the apparent temperature is 96 - 120° F, a 5-minute rest break should be given every 30 minutes, and work intensity be reduced by 1/3. If the apparent temperature is over 120° F, work should be curtailed, or, if work must continue, a 10-minute rest period should follow every 20 minutes of work, and work intensity should be decreased by 1/2 to 2/3.
- V. **Newly-assigned workers** who are not acclimatized to the heat should be evaluated by the medical staff before being subjected to significant heat stress, and should be monitored by supervisors for signs of heat stress during the acclimatization period.
- VI. **Offenders on Medications.** Work assignments for offenders on medications classified as anhydrotics, poikilothermics or potentiators (see Attachment A) should be considered carefully. In general, offenders on antipsychotic drugs should not be allowed to work or recreate in environments where the apparent air temperature is 95° F or higher. This restriction should also be considered for offenders who are on other drugs classified as anhydrotics or poikilothermics or potentiators if they are on more than one such drug or if they also have an underlying medical condition that places them at increased risk (see Attachment B), particularly at higher dosage levels of the drugs. Decisions about suitability of work assignments for these offenders will be made by facility medical staff. Documentation shall be made in the patient's health record on the HSM-18, *Health Summary for Classification*, form.

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Infopac Report #IMS042 lists all offenders with heat sensitive medical restrictions, including offenders on psychotropic medications. This list is to be reviewed at least once a week during the summer months of May through September and a determination made that the listed offenders have appropriate HSM-18 restrictions.

- VII. **Transportation.** Units are to refrain from transporting psychiatric inpatients to another facility via chain bus. Offenders on the Infopac medication list should be transported during the coolest hours of the day. Outgoing chain screens should be reviewed against the unit Infopac Report to ensure that the offenders on medication are traveling on the appropriate mode of transportation. Please note that the Transportation Department adjusts their schedule during the summer months so that routes are run during the coolest part of the day.
- VIII. **Training.** Facility medical staff shall provide initial and annual training in the prevention of temperature extreme injury to all supervisory personnel who manage employees and offenders. Documentation of completed training shall be maintained by the Facility Health Administrator. Training should generally be accomplished in March or April of each year.

References

- TDCJ Administrative Directive 10.64, rev.1, Temperature Extremes in the TDCJ-ID Workplace (Cold/Hot).

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TABLE 1
HEAT AND HUMIDITY INDEX
ACTUAL AIR TEMPERATURE (°F)

Relative Humidity	80°	85°	90°	95°	100°	105°	110°	115°	120°
0%	73	78	83	87	91	95	99	103	107
10%	75	80	85	90	95	100	105	111	116
20%	77	82	87	93	99	105	112	120	130
30%	78	84	90	96	104	113	123	135	148
40%	79	86	93	101	110	123	137	151	
50%	81	88	96	107	120	135	150		
60%	82	90	100	114	132	149			
70%	85	93	106	124	144				
80%	86	97	113	136			{Apparent Air Temperature}		
90%	88	102	122						
100%	91	108							

XX	Heat exhaustion possible
XX	Heat stroke possible
XX	Heat stroke imminent

Source: US National Weather Service

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**ATTACHMENT A
DRUGS ASSOCIATED WITH HEAT STRESS***

	Anhydrotic	Poikilothermic	Potentiator
Anticonvulsants Topiramate (Topamax®)**	+		
Anticholinergics** Benzotropine (Cogentin®) Biperiden (Akineton®) Hyoscyamine (Levbid®) Oxybutynin (Ditropan®) Trihexyphenidyl (Artane®)	++ + + + +		
Antihistamines Cyproheptadine (Periactin®) Diphenhydramine (Benadryl®) Hydroxyzine (Atarax®) Promethazine (Phenergan®)		++ + + +	
Antipsychotics** ALL		+	
Antidepressants Clomipramine (Anafranil®) Desipramine (Norpramin®) Doxepin (Sinequan®) Imipramine (Tofranil®) Nortriptyline (Pamelor®)		++ + + + +	
Beta Blockers Atenolol (Tenormin®) Metoprolol (Lopressor®) Propranolol (Inderal®)		++ + +	++ + +
Diuretics Furosemide (Lasix®) Hydrochlorothiazide (Hydrodiuril®)		++ +	++ +

* This list only includes some of the more common medications associated with heat stress

** These drugs have specific warnings from the manufacturer to avoid excessive heat and dehydration.

In general, offenders on antipsychotic drugs should not be allowed to work or recreate in environments where the apparent air temperature is 95° F or higher. This restriction should also be considered for offenders who are on other drugs classified as anhydrotics or poikilothermics or potentiators if they are on more than one such drug or if they also have an underlying medical condition that places them at increased risk, particularly at higher dosage levels of the drugs. Decisions about suitability of work assignments and recreation areas for these offenders will be made by facility medical staff.

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References:

1. Cuddy, MLS. The Effects of Drugs on Thermoregulation. *AACN Clinical Issues* 2005;15(2): 236-253.
2. Glazer JL. Management of Heatstroke and Heat Exhaustion. *American Family Physician* 2005;11(71): 2133-2140.
3. Kwok J and Chan T. Recurrent Heat Related Illnesses during Antipsychotic Treatment. *Ann of Pharmacotherapy* 2005;39:1940-1942.
4. Martinez M, Davenport L, Saussy J, Martinez J. Drug-Associated Heat Stroke. *Southern Medical Journal* 2002; 95(8):799-802.
5. OSHA Protecting workers in Hot Environments Fact Sheet 1995. Accessed via the internet at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FACT_SHEETS&p_id=167.
6. Pluth PY. Heat Stroke: A Comprehensive Review. *AACN Clinical Issues* 2004;15(2): 280-293.
7. Prevention and Treatment of Sunburn. *Med Lett Drugs Ther* 2004;46:45-46.
8. Reily TH, Kirk MA. Atypical Antipsychotics as Newer Antidepressants. *Emerg Med Clin N Am* 2007;477-497.
9. Clinical Pharmacology. Accessed via internet www.clinicalpharmacology.com
10. Medication Package Inserts. Accessed via internet

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ATTACHMENT B
COMORBIDITIES THAT MAY AFFECT HEAT TOLERANCE

Cardiovascular Disease
Cirrhosis of the Liver
Chronic Obstructive Pulmonary Disease/Asthma
Cystic fibrosis
Diabetes
Psychiatric conditions
Sjogren's syndrome
Sweat gland dysfunction
Thyroid dysfunction
Age > 65

References:

1. Bailes BK, Reeve K. Prevention of Heat-Related Illness. *JNP* 2007;161-168.
2. Luber GE. Heat-Related Deaths-United States, 1999-2003. *MMWR* 2006;55(29):796-798.
3. Reily TH, Kirk MA. Atypical Antipsychotics and Newer Antidepressants. *Emerg Med Clin N Am* 2007;477-497.
4. Sucholeiki R. Heatstroke. *Semin Neurol* 2005;25(3): 307-314.

REQUESTOR: LLI2315 - LINTHICUM, LANNETTE, HEALTH SERVICES **

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 452940 DATE: 04/30/04 TIME: 05:03pm PRIORITY: 000

TO: LLI2315 - LINTHICUM, LANNETTE, M.D.
DIVISION DIRECTOR
HEALTH SERVICES
HUNTSVILLE/OLD WAL-MART BLDG.

FROM: DPA2573 - PACHER, DARIN
PROGRAM SPECIALIST V
PLANS AND OPERATIONS
861-B, I-45 NORTH, RM. 222
HUNTSVILLE, TX. 77342

SUBJECT: SUMMER HEAT PREPARATIONS 2004

*** Sent by Alternate User "SBU0811" for "DPA2573" ***
IT IS THAT TIME OF YEAR WHEN EMPLOYEES AND OFFENDERS WILL BE AFFECTED BY EXTREME HEAT CONDITIONS. AS A REMINDER, DUE TO THE POTENTIAL FOR EXTREME HEAT CONDITIONS IN UPCOMING MONTHS, IT IS IMPERATIVE THAT EVERYONE TAKE PRECAUTIONS TO HELP REDUCE HEAT-RELATED ILLNESSES. ADMINISTRATIVE DIRECTIVE 10.64, "TEMPERATURE EXTREMES IN THE TDCJ WORK PLACE," AND HEALTH SERVICES POLICY B-15.5, "HEAT STRESS" SHOULD BE REVIEWED BY STAFF FOR GENERAL AWARENESS. UNIT TRAINING SHOULD BE COMPLETED BY JUNE 1, 2004. IT IS VERY IMPORTANT TO ENSURE ALL TRAINING HAS BEEN DOCUMENTED IN THE EMPLOYEE'S FILE. POCKET CARDS WITH TIPS FOR RECOGNITION, TREATMENT, AND PREVENTION OF HEAT RELATED ILLNESSES ARE AVAILABLE FOR UNITS TO ORDER FROM THE PRISON STORE. WARDENS NEED TO ENSURE ALL CORRECTIONAL EMPLOYEES ARE PROVIDED WITH OR CURRENTLY HAVE POCKET CARDS.

ON APRIL 23, 2004, STAFF FROM VARIOUS DEPARTMENTS (OFFENDER TRANSPORTATION, HEALTH SERVICES, RISK MANAGEMENT, OPERATIONAL SUPPORT, ENVIRONMENTAL, AND PLANS AND OPERATIONS) MET TO REVIEW AND DISCUSS ISSUES REGARDING PRECAUTIONS AND ACTIONS TAKEN LAST SUMMER AND TO DISCUSS ACTIONS FOR THE UPCOMING SUMMER. FOLLOWING, YOU WILL FIND A LIST OF PRECAUTIONS/ACTIONS TO BE IMPLEMENTED STARTING JUNE 1, 2004 AND ENDING OCTOBER 1, 2004. IF THE NEED ARISES, IMPLEMENTATION MAY BEGIN PRIOR TO JUNE 1ST.

* ENSURE EMPLOYEES AND OFFENDERS ARE AWARE OF THE SIGNS AND TREATMENT FOR HEAT-RELATED ILLNESSES BY CONDUCTING TRAINING.

- * PROVIDE ADDITIONAL ICE AND WATER TO EMPLOYEES AND OFFENDERS AS APPROPRIATE.
RESTRICT OUTSIDE ACTIVITY (WORK HOURS) IN ACCORDANCE WITH AD-10.64.
- * ENSURE STAFF AND OFFENDERS WORKING IN AREAS OF EXTREME HEAT (I.E., FIELD, MAINTENANCE, YARD SQUAD) ARE PROVIDED FREQUENT WATER BREAKS.
- * REFRAIN FROM TRANSPORTING PSYCHIATRIC INPATIENT OFFENDERS TO ANOTHER FACILITY VIA CHAIN BUS.
- * TRANSPORT OFFENDERS DURING COOLEST HOURS OF THE DAY
- * SCREEN OUTGOING CHAINS TO ASSURE THAT THE SELECTED MODE OF TRANSPORTATION IS APPROPRIATE.
- * ALLOW OFFENDERS TO TAKE FANS WHEN BEING TRANSPORTED OFF THE UNIT FOR MEDICAL APPOINTMENTS.
- * UTILIZE INFOPAC REPORT (IMS042) LISTING OFFENDERS WITH HEAT SENSITIVE MEDICAL RESTRICTIONS (INCLUDES OFFENDERS ON PSYCHOTROPIC MEDICATION).
- * LOAD AND UNLOAD TRANSFER VEHICLES AS QUICKLY AS POSSIBLE. (SECURITY AT EVERY BACKGATE IS THE FIRST PRIORITY, BUT WE MUST ALWAYS BE AWARE OF HEAT-RELATED ISSUES WHEN BUSES OCCUPIED BY OFFENDERS SIT FOR ANY LENGTH OF TIME. EVERY REASONABLE EFFORT SHOULD BE MADE TO ENSURE BUSES GET IN AND OUT OF THE BACKGATE IN A SAFE AND EXPEDIENT MANNER).
- * TRANSFER VEHICLES PARKED FOR MORE THAN 15 MINUTES ARE REQUIRE TO PLACE A FAN, PREVIOUSLY PURCHASED, ON THE VEHICLE. UNITS SHOULD ENSURE THAT FANS EXTENTION CORDS, ETC. ARE IN PLACE AND AVAILABLE WHEN NEEDED.
- * STORE TOWELS ON TRANSPORTATION VEHICLES TO BE WET DOWN AND UTILIZED IN EMERGENCIES. (TRANSPORTATION)
- * WATER COOLERS ON BUSES SHOULD BE REFILLED AT VARIOUS TIMES DURING THE DAY TO MAINTAIN WATER AT AN APPROPRIATE TEMPERATURE. (TRANSPORTATION)
- * UTILIZE FANS INSTALLED IN DORMS AND DINING HALLS PURCHASED IN PAST YEARS.
- * INCREASE AIRFLOW BY UTILIZING BLOWERS, WHEN AND IF APPROPRIATE, NORMALLY USED TO MOVE HOT AIR IN THE WINTER. ATTACH RIBBON TO VENT TO ASSURE BLOWERS ARE BEING USED APPROPRIATELY. ASSURE ALL MAINTENANCE TO BLOWERS HAVE BEEN COMPLETED.
- * ALLOW ADDITIONAL SHOWERS FOR OFFENDERS.

- * ALLOW OFFENDERS TO WEAR SHORTS IN DAYROOM AND RECREATION AREAS.
 - * MAKE WATER AVAILABLE DURING MEAL TIMES.
 - * USE WATER TO COOL METAL ROOFS WHEN AND IF APPROPRIATE.
 - * MAKE SURE WINDOW SCREENS ARE CLEAN SO AS NOT TO RESTRICT AIRFLOW.
 - * REMEMBER THAT OFFENDER FANS SHOULD NOT BE CONFISCATED DUE TO PROPERTY RESTRICTION DURING THIS TIME. FANS SHOULD ONLY BE CONFISCATED IF THEY ARE CONSIDERED CONTRABAND (I.E., THEY HAVE BEEN ALTERED).
 - * ROTATE STAFF WORKING IN AREAS OF EXTREME HEAT ON A FREQUANT BASIS.
- YOUR ATTENTION ON THIS MATTER IS GREATLY APPRECIATED. PLEASE BRING ANY QUESTIONS OR CONCERNS TO THE ATTENTION OF YOUR REGIONAL DIRECTOR AT THE NEXT REGIONAL WARDEN'S MEETING.

AUTHORITY: NATHANIEL QUARTERMAN
DEPUTY DIRECTOR, PRISON AND JAIL MANAGEMENT

Sent to: UNTS <list> (to)
ADMN <list> (to)

 * REQUESTOR: LLI2315 - LINTHICUM, LANNETTE, HEALTH SERVICES ***

 *** SY S M I N B A S K E T P R I N T ***

MESSAGE ID: 919127 DATE: 04/24/06 TIME: 11:28am PRIORITY: 000

TO: LLI2315 - LINTHICUM, LANNETTE, M.D.
 DIVISION DIRECTOR
 HEALTH SERVICES
 HUNTSVILLE/OLD WAL-MART BLDG.

FROM: DPA2573 - PACHER, DARIN
 PROGRAM SPECIALIST V
 PLANS AND OPERATIONS
 861-B, I-45 NORTH, RM. 222
 HUNTSVILLE, TX. 77342

SUBJECT: SUMMER HEAT PREPARATIONS

*** Sent by Alternate User "SBU0811" for "DPA2573" ***
 IT IS THAT TIME OF YEAR WHEN EMPLOYEES AND OFFENDERS WILL BE AFFECTED BY EXTREME HEAT CONDITIONS. AS A REMINDER, DUE TO THE POTENTIAL FOR EXTREME HEAT CONDITIONS IN UPCOMING MONTHS, IT IS IMPERATIVE THAT EVERYONE TAKE PRECAUTIONS TO HELP REDUCE HEAT-RELATED ILLNESS. ADMINISTRATIVE DIRECTIVE 10.64, "TEMPERATURE EXTREMES IN THE TDCJ WORK PLACE", AND HEALTH SERVICES POLICY B-15.5, "HEAT STRESS" SHOULD BE REVIEWED BY STAFF FOR GENERAL AWARENESS. UNIT TRAINING SHOULD BE COMPLETED BY JUNE 1, 2006. IT IS VERY IMPORTANT TO ENSURE ALL TRAINING HAS BEEN DOCUMENTED IN THE EMPLOYEES FILE. POCKET CARDS WITH TIPS FOR RECOGNITION, TREATMENT, AND PREVENTION OF HEAT RELATED ILLNESSES ARE AVAILABLE FOR UNITS TO ORDER FROM THE PRISON STORE. WARDENS NEED TO ENDURE ALL CORRECTIONAL EMPLOYEES ARE PROVIDED WITH OR CURRENTLY HAVE POCKET CARDS.

ON APRIL 18, 2006, STAFF FROM VARIOUS DEPARTMENTS (OFFENDER TRANSPORTATION, HEALTH SERVICES, RISK MANAGEMENT, LAUNDRY AND FOOD SERVICE, ENVIRONMENTAL, AND PLANS AND OPERATIONS) MET TO REVIEW AND DISCUSS ISSUES REGARDING PRECAUTIONS AND ACTIONS TAKEN LAST SUMMER AND TO DISCUSS ACTIONS FOR THE UPCOMING SUMMER. FOLLOWING, YOU WILL FIND A LIST OF PRECAUTIONS/ACTIONS TO BE IMPLEMENTED STARTING JUNE 1, 2006 AND ENDING OCTOBER 1, 2006 IF THE NEED ARISES, IMPLEMENTATION MAY BEGIN PRIOR TO JUNE 1, 2006.

* ENSURE EMPLOYEES AND OFFENDERS ARE AWARE OF THE SIGNS AND TREATMENT FOR HEAT-RELATED ILLNESSES BY CONDUCTING TRAINING.

- * PROVIDE ADDITIONAL WATER. ICE SHOULD BE PROVIDED IF AVAILABLE TO EMPLOYEES AND OFFENDERS IN WORK AND HOUSING AREAS.
- * RESTRICT OUTSIDE ACTIVITY (WORK HOURS) IN ACCORDANCE WITH AD 10.64
- * ENDURE ALL STAFF AND OFFENDERS WORKING IN AREAS OF EXTREME HEAT (I.E., FIELD, MAINTENANCE, YARD SQUAD) ARE PROVIDED FREQUENT WATER BREAKS.
- * REFRAIN FROM TRANSPORTING PSYCHIATRIC INPATIENT OFFENDERS TO ANOTHER FACILITY VIA CHAIN BUS.
- * TRANSPORT OFFENDERS DURING THE COOLEST HOURS OF THE DAY.
- * SCREEN OUTGOING CHAIN TO ENDURE THAT THE SELECTED MODE OF TRANSPORTATION IS APPROPRIATE.
- * ALLOW OFFENDERS TO TAKE FANS WHEN BEING TRANSPORTED OFF THE UNIT FOR MEDICAL APPOINTMENT.
- * UTILIZE INFOPAC REPORT (IMS042) LISTING OFFENDERS WITH HEAT SENSITIVE MEDICAL RESTRICTIONS (INCLUDING BUT NOT LIMITED TO OFFENDERS ON PSYCHOTROPIC MEDICATION).
- * LOAD AND UNLOAD TRANSFER VEHICLES AS QUICKLY AS POSSIBLE. (SECURITY AT EVERY BACKGATE IS THE FIRST PRIORITY, BUT WE MUST ALWAYS BE AWARE OF HEAT RELATED ISSUES WHEN BUSES OCCUPIED BY OFFENDERS SIT FOR ANY LENGTH OF TIME. EVERY REASONABLE EFFORT SHOULD BE MADE TO ENSURE BUSES GET IN AND OUT OF THE BACKGATE IN A SAFE AND EXPEDIENT MANNER).
- * TRANSFER VEHICLES PARKED FOR MORE THAN 15 MINUTES ARE REQUIRED TO PLACE A FAN, PREVIOUSLY PURCHASED, ON THE VEHICLE. UNITS SHOULD ENSURE THAT FANS, EXTENSION CORDS, ETC. ARE IN PLACE AND AVAILABLE WHEN NEEDED.
- * STORE PAPER TOWELS FOR TRANSPORTATION VEHICLES TO BE WET DOWN TO UTILIZE IN EMERGENCIES. (TRANSPORTATION)
- * WATER COOLERS ON BUSES SHOULD BE REFILLED AT VARIOUS TIMES DURING THE DAY TO MAINTAIN WATER AT APPROPRIATE TEMPERATURE. (TRANSPORTATION)
- * WHEN UTILIZING FANS, AIR SHOULD BE DRAWN THROUGH THE STRUCTURE AND EXHAUSTED OUTSIDE. TAKE FULL ADVANTAGE OF THE FRESH AIR EXCHANGE SYSTEM AND/OR PREVAILING WINDS TO ASSIST IN THE MOVEMENT OF AIR AS APPLICABLE.
- * INCREASE AIRFLOW BY UTILIZING BLOWERS, WHEN AND IF APPROPRIATE, NORMALLY USED TO MOVE HOT AIR IN THE WINTER. ATTACH RIBBONS TO VENTS TO ASSURE BLOWERS ARE BEING USED APPROPRIATELY. ASSURE ALL MAINTENANCE TO BLOWERS HAS BEEN COMPLETED.
- * ALLOW ADDITIONAL SHOWERS FOR OFFENDERS.
- * ALLOW OFFENDERS TO WEAR SHORTS IN DAYROOM AND RECREATION AREAS.
- * MAKE WATER AVAILABLE DURING MEAL TIMES.
- * MAKE SURE WINDOW SCREENS ARE CLEAN SO AS NOT TO RESTRICT AIRFLOW.
- * REMEMBER THAT OFFENDERS' FANS SHOULD NOT BE CONFISCATED DUE TO PROPERTY RESTRICTION DURING THIS TIME. FANS SHOULD BE CONFISCATED IF THEY ARE CONSIDERED CONTRABAND. (I.E., THEY HAVE BEEN ALTERED.)
- * ROTATE STAFF WORKING IN AREAS OF EXTREME HEAT ON A FREQUENT BASIS.

YOUR ATTENTION TO THIS MATTER IS GREATLY APPRECIATED. PLEASE BRING ANY QUESTIONS OR CONCERNS TO THE ATTENTION OF YOUR REGIONAL DIRECTOR AT THE NEXT REGIONAL WARDEN'S MEETING.

AUTHORITY NATHANIEL QUARTERMAN

DEPUTY DIRECTOR, PRISON AND JAIL MANAGEMENT

Sent to:

UNTS

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(to)

ADMN

<list>

(to)

KCL9737

CLEERE, KATHY

(to)